| Name and Address of Sender                 |                   |   |                    | Indicate type of mail   Registered |  |                    | Check appropriate block for Registered Mail:  With Postal Insurance Without Postal Insurance |                  |                      | Affix stamp here if issued as certificate of mailing or for additional copies of this bill.  POSTMARK AND DATE OF RECEIPT |             |             |                           |  |
|--|-------------------|---|--------------------|------------------------------------|--|--------------------|--|------------------|----------------------|---|-------------|-------------|---------------------------|--|
| Line                                       | Article<br>Number | Name of Addressee,                                |                    | Postage                            | Fee  | Handling<br>Charge | Act. Value<br>(If Regis.)  | Insured<br>Value | Due Sender<br>If COD | R.R.<br>Fee   | S.D.<br>Fee | S.H.<br>Fee | Rest. Del. Fee<br>Remarks |  |
| 1  |                   |   |                    |                                    |  |                    | 0  | ν σ γ            |                      |   |             |             |                           |  |
| 2  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 3  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 4  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 5  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 6  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 7  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 8  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 9  |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 10   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 11   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 12   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 13   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 14   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| 15   |                   |   |                    |                                    |  |                    |  |                  |                      |   |             |             |                           |  |
| Total Number of Pieces<br>Listed by Sender |                   | Total Number of Pieces<br>Received at Post Office | POSTMASTER, PER (N | lame of receiving emp              | The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$50.0. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual 913 and 914 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling |                    |  |                  |                      |   |             |             |                           |  |

PS Form 3877, April 1991 (EG)

For Accountable Mail